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SEPTEMBER 11, 2015.](#)

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LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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MARVIN J. SOUTHARD, D.S.W.
Director
ROBIN KAY, Ph.D.
Chief Deputy Director
RODERICK SHANER, M.D.
Medical Director

September 11, 2015

TO: Each Supervisor
FROM: Marvin J. Southard, D.S.W. *Robin Kay for*
Director
SUBJECT: **MENTAL HEALTH PREVENTION AND TREATMENT PLANS FOR
YOUTH LEAVING PROBATION CAMPS (ITEM NO 38, BOARD
MEETING OF JULY 7, 2015)**

During the July 7, 2015, meeting of your Board, the Director of Mental Health was requested to work with local school districts and the Probation Camps to offer mental health services and develop a prevention and treatment plan for youth leaving Probation Camps. This memorandum will provide you with information regarding the Probation Aftercare Program.

Background

The Los Angeles County Probation Aftercare Program was developed by an interdepartmental workgroup, including Probation, Department of Mental Health (DMH), Juvenile Court Mental Health Services (JCHS), Los Angeles County Office of Education (LACOE), Department of Public and Social Services (DPSS) and the Chief Executive Office (CEO). The purpose of the Probation Aftercare Program is to plan and provide for a seamless transition from the Probation Camps back to the youth's home and school. The aftercare processes and practices which were developed and implemented by this workgroup have been in place for several years and are more specifically described in the "Probation Aftercare – Reference Guide" (Attachment).

The goal of the Probation Aftercare Program is to significantly reduce recidivism and to substantially increase service integration. Individualized case planning, connection to community-based services, post-release care management, and increased family engagement occur for all youth. The Multidisciplinary Team (MDT) meetings are the foundation of the Aftercare Program. A Transition MDT occurs 45-60 days prior to the youth's release from camp. Participants in the Transition MDT include the youth, his or her parent/caregiver (when available either in person or via video conference), the Camp Deputy Probation Officer (DPO), the Aftercare DPO (in person or via teleconference), DMH, JCHS, and LACOE. The Aftercare Case Plan developed in the MDT follows the youth as she/he returns to the community.

Each Supervisor
September 11, 2015
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In order to sustain the Probation Aftercare Program, quarterly performance measurement was put in place including the Aftercare Data Summary (Attachment). In addition, an Aftercare Success Team was established including representatives from each department. This group provides ongoing training, coaching, and mentoring on the Aftercare Program and meets quarterly to review and refine the process.

You may contact me for additional information, or your staff may contact Robin Kay, Ph.D., Chief Deputy Director. Dr. Kay can be reached at (213) 738-4108.

MJS:RK
KS:tld

Attachments

c: Executive Office, Board of Supervisors
Chief Executive Office
Juvenile Court Mental Health Services
Los Angeles County Office of Education
Department of Public Social Services
Probation Department



County of Los Angeles

PROBATION AFTERCARE – REFERENCE GUIDE

March 2014

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SECTION I: INTRODUCTION

The Los Angeles County Probation Aftercare Program (Probation Aftercare) uses a multi-disciplinary team approach designed to assist probation youth with a seamless transition and reintegration from Camp placement to their respective home and school environments. Probation Aftercare is a partnership among the Los Angeles County Departments of Probation, Health Services (DHS), Mental Health (DMH), Public Social Services (DPSS), and the Los Angeles County Office of Education (LACOE) focused on initiating reintegration planning with youth and their families upon entry into the system.

The Probation Aftercare model offers multiple opportunities to enhance efficacy, and provides promising, structured practices that outline specific processes and timeframes for connecting youth to tailored interventions that address their individual needs. This seamless system of identification, supportive services in Camp, and linkage to supportive services following release begins the first day in detention and continues through transition, reintegration, and aftercare in the community.

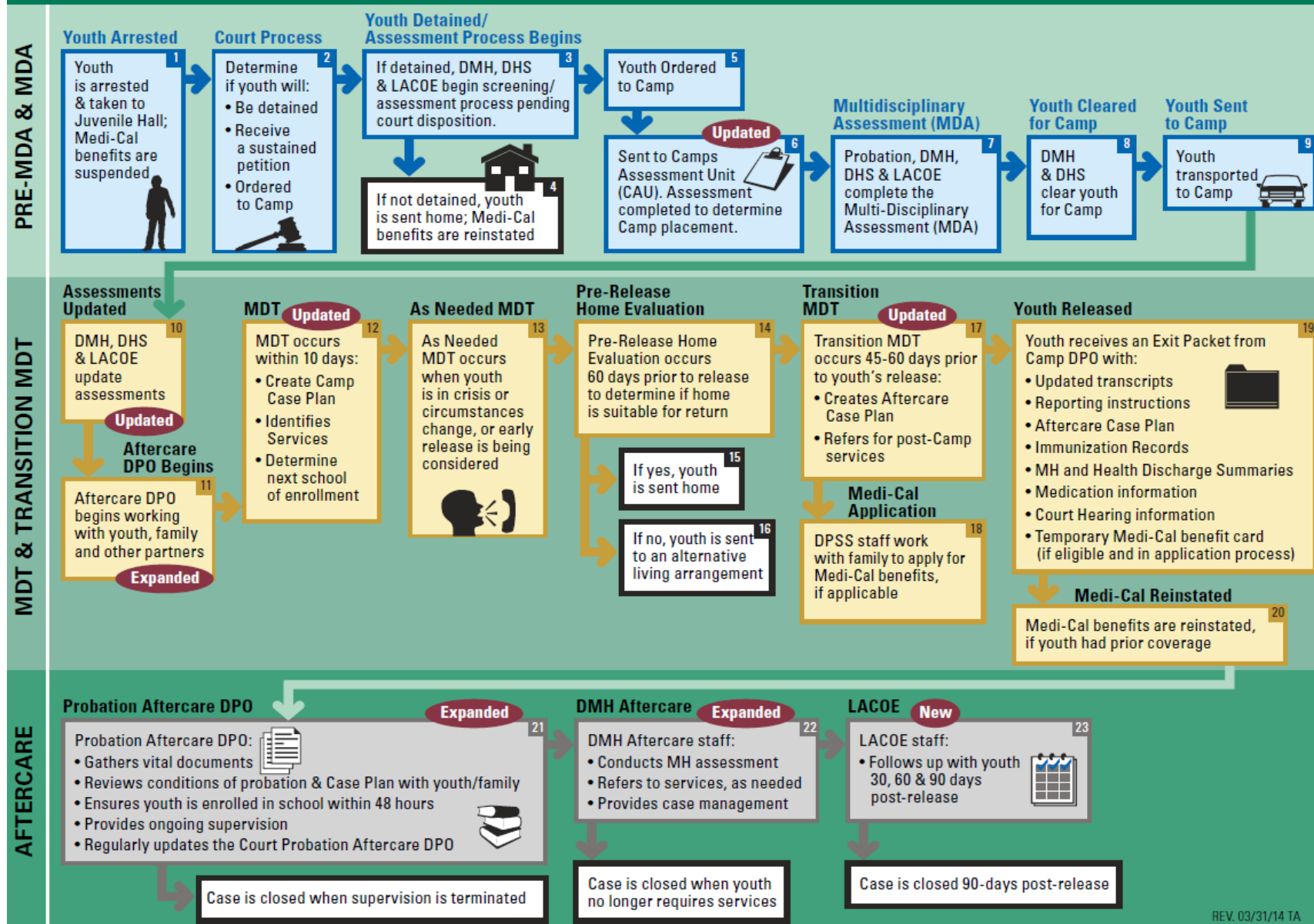
Probation Aftercare Goals

The goals of the Probation Aftercare Program are to:

1. Reduce rates of recidivism;
2. Conduct individualized case planning;
3. Connect the youth to community-based services;
4. Provide ongoing Aftercare case planning; and
5. Increase family engagement.

By assessing, developing and monitoring case planning, youth exiting the juvenile justice system are better prepared to successfully transition to their communities while reducing their potential risk for returning to the system. The five-step processes that create a continuum of care for supports and services to meet these goals are: Pre Multi-Disciplinary Assessment/Screening (Pre-MDA), Multi-Disciplinary Assessment (MDA), Multi-Disciplinary Team (MDT), Transition Multi-Disciplinary Team (Transition MDT), and Aftercare.

ASSESSMENT PROCESS FOR DETAINED PROBATION YOUTH



SECTION 2: THE FIVE BUSINESS PROCESSES



1. Pre Multi-Disciplinary Assessment (Pre-MDA)

The Pre-MDA process begins once a youth is detained in Juvenile Hall. This entry phase is used to identify a youth's strengths, needs, and potential risk factors. DMH, DHS and LACOE conduct initial assessments/screenings of the youth's behavioral, mental health, health, and educational functioning.

Upon entry to Juvenile Hall, the DMH clinician, along with the youth, completes the youth's treatment plan (Client Care Coordination Plan (CCCP)). Similarly, DHS conducts a preliminary Nurse Intake Assessment screening, and a licensed physician provides a complete physical examination. In addition to the initial mental health and health screenings, LACOE enrolls the youth in Juvenile Hall School and administers the Measures of Academic Progress (MAP) reading and math assessments.

2. Multi-Disciplinary Assessment (MDA)

The MDA is conducted within 5 days of the youth's referral to the Camp Assessment Unit. It consists of a review and update to the preliminary behavioral, mental health, health and educational assessments performed by DMH, DHS, and LACOE. The MDA determines the most appropriate camp placement and identifies the most suitable services they are to receive while in Camp.

Upon Camp placement clearance, the collaborative case plan recommendations developed by the multi-disciplinary team are documented in the 16-point Assessment Form. This document creation is vital to the case planning process as it provides a holistic representation of the youth, enhances communication between multi-disciplinary team members, and serves as a first step to document the decision-making process on behalf of the youth.

3. Multi-Disciplinary Team (MDT)

Within 10 days of a youth's arrival at Camp, a MDT meeting is held to review the CAU recommendations and begin to identify needed services for a successful reintegration process into the community upon camp release. DMH, DHS, LACOE and Probation along with the youth and their parent/caregiver collectively identify the Case Plan by outlining treatment, goals, and services to be received while in camp.

The individualized Case Plan addresses the unique needs of each youth and describes the specifics of the youth's care while in Camp placement. The Case Plan typically includes achievable short- and long-term goals and objectives for youth and their parent/caregiver, and provides MDT members with the most recent information regarding their progress.

4. Transition Multi-Disciplinary Team (Transition MDT)

The Transition Multi-Disciplinary Team (Transition MDT) meeting is a critical step towards ensuring a youth's successful reintegration into their community. To prevent gaps and/or barriers to treatment and services, the Transition MDT occurs within 45-60 days of a youth's release from Camp. Team members reconvene to review the progress achieved in the MDT Case Plan, develop the youth's Aftercare Case Plan, initiate the referral process to community-based services, and determine whether the youth can potentially be released from Camp early.

In addition, Probation and DPSS have piloted a project that has trained Aftercare DPOs from the San Gabriel Valley and Pomona area offices to conduct a healthcare benefits screening as part of the aftercare supervision process. Those youth screened and determined to be without Medi-Cal (MC) coverage will be referred to the DPSS staff currently co-located at the Pomona and SGV area offices for application submission, if eligible. Once this piloted project is complete, Probation and DPSS will reconvene to develop the phased implementation of this project Countywide.

Furthermore, DPSS has established an automated interface with Probation programmed to identify youth without MC benefits. Via the interface, a MC informational flyer is generated and mailed to the parent/guardian of those youth identified without MC benefits. The purpose of both processes is to encourage the parent to apply to ensure that youth have access to mental health, substance abuse and healthcare services upon their release from camp.

5. Aftercare

The Aftercare Case Plan includes interventions provided in the pre-planning stages of aftercare and ensures the youth's receipt of appropriate supports and services upon their return to the community. Linkage to necessary supports and services will minimize the likelihood of a youth's return to Camp.

The Aftercare DPO will serve as the central point of contact and bridge between the community and the youth, while monitoring service delivery and progress achieved by both youth and their parents/caregivers. In addition, DMH Aftercare will provide referrals to appropriate programs, and, in conjunction with the Aftercare DPO, make sure the youth is linked to any identified treatment programs needed.

The ongoing supervision and case management continues from Camp release to case termination in order to provide the best chance for success and reduce the likelihood of the youth returning to the system.

SECTION 3: ROLES AND RESPONSIBILITIES

PROBATION	
Assigned Tasks	Performance Expectations
<ul style="list-style-type: none"> • Determine suitability for detainment • Pre-Release Home Evaluation • Compile Exit Packet for youth's Camp Release • 30-60-120-day and Post 15-day Court Reports 	<ul style="list-style-type: none"> • Facilitate and advocate during the MDA, MDT, Transition MDT processes • Develop individualized Camp and Aftercare Case Plans • Ensure youth's school enrollment • Maintain contact with minor during Camp placement and post-release follow-up until case is terminated
MENTAL HEALTH	
Assigned Tasks	Performance Expectations
<ul style="list-style-type: none"> • Administer MAYSI-2 • Administer Child & Adolescent Assessment • Substance Abuse Assessment (as needed) • Medication Evaluation & Support 	<ul style="list-style-type: none"> • Participate and advocate during the MDA, MDT, Transition MDT processes • Develop Individualized Client Care Coordination Plans (open cases) • Assess and link youth to the appropriate level of care including community-based and directly operated MH programs
HEALTH SERVICES	
Assigned Tasks	Performance Expectations
<ul style="list-style-type: none"> • Nurse Intake Assessment • Provide medication prescriptions and immunization records • Medical Discharge Summary 	<ul style="list-style-type: none"> • Participate and advocate during the MDA, MDT, Transition MDT processes • Comprehensive physical examination • Refer youth to local community clinics
PUBLIC SOCIAL SERVICES	
Assigned Tasks	Performance Expectations
<ul style="list-style-type: none"> • Initiate Medi-Cal application process • Reinstate suspended Medi-Cal benefits 	<ul style="list-style-type: none"> • Ensure all eligible Probation youth and their families are connected Medi-Cal
LOS ANGELES COUNTY OFFICE OF EDUCATION	
Assigned Tasks	Performance Expectations
<ul style="list-style-type: none"> • Administer MAP reading and math assessments • Provide Progress Report and updated transcripts 	<ul style="list-style-type: none"> • Participate and advocate during the MDA, MDT, Transition MDT processes • Responsible for youth's enrollment into Juvenile Hall School • Individualized Learning Plans

SECTION 4: THE MODEL FILE

1. Pre Multi-Disciplinary Assessment (Pre-MDA) Forms

Dept.	Form Name	Form Location	Purpose	Process	Completion Timeframe
LACOE	STUDENT INFORMATION SUMMARY	Model File, EPIC	<ul style="list-style-type: none"> Youth's school history, Special education and/or English language needs. 	<ul style="list-style-type: none"> JHAC provides to CAU – DPO CAU-DPO adds to Camp Packet MDTC adds to Model File 	Within 48 hours of detainment
	PARENTAL CONSENT FORM	Model File, EPIC	<ul style="list-style-type: none"> Youth's education information shared with Probation. 	<ul style="list-style-type: none"> ATC provides to MDTC at Camp Release MDTC adds to Model File 	Pre-MDA thru Camp release
DHS	AUTHORIZATION FOR USE AND DISCLOSURES	Model File, PEMRS	<ul style="list-style-type: none"> Healthcare information shared with Probation. 	<ul style="list-style-type: none"> MDTC obtains parent signature, provides original to Camp Nurse, and adds to Model File 	Pre-MDA thru Camp release

2. Multi-Disciplinary Assessment (MDA) Forms

Dept.	Form Name	Form Location	Purpose	Process	Completion Timeframe
Probation	16- POINT ASSESSMENT	PCMS, Model File	<ul style="list-style-type: none"> Youth's current status on initial Camp classification supervision decisions. 	<ul style="list-style-type: none"> CAU-DPO adds to Camp Packet MDTC adds to Model File 	At MDA
DHS	CAMP CLEARANCE REPORT	Model File, PEMRS	<ul style="list-style-type: none"> Youth's health assessment to determine medical clearance for Camp placement. 	<ul style="list-style-type: none"> JHN provides form to MDTC at initial MDT MDTC adds to Model File 	5 days from CAU referral
LACOE	EDUCATION PROGRAM PROGRESS REPORT	Model File, EPIC	<ul style="list-style-type: none"> Youth's current courses, grades earned in Juvenile Hall School, and MAP scores. 	<ul style="list-style-type: none"> JHAC provides to CAU – DPO CAU-DPO adds to Camp Packet MDTC adds to Model File at MDT 	5 days from CAU referral

3. Multi-Disciplinary Team (MDT) Forms

Dept.	Form Name	Form Location	Purpose	Process	Completion Timeframe
Probation	MDT MEETING MINUTES (Camp Plan)	Model File, Probation MDT Shared Folder	<ul style="list-style-type: none"> BMP and other programs to address the youth's needs during Camp Placement. 	<ul style="list-style-type: none"> MDTC adds to Model File 	At MDT
	PRE-RELEASE HOME EVALUATION	Model File	<ul style="list-style-type: none"> The home visit conducted to determine suitability for the youth's return upon Camp Release. 	<ul style="list-style-type: none"> MDTC adds home evaluation results to Model File, when available 	w/in 10 days of 90-Day Release Notification
DMH	DMH MDT FORM (Initial)	Model File, PEMRS	<ul style="list-style-type: none"> Mental Health assessment and treatment recommendations used to develop the youth's Camp Case Plan. 	<ul style="list-style-type: none"> The Camp Clinician provides form at MDT - any revisions will be provided within 3-5 days (depending on staff schedule). MDTC adds to Model File 	At MDT (all youth)
DHS	CAMP NEW ADMISSION FORM	Model File, PEMRS	<ul style="list-style-type: none"> Summary of the youth's current health status, medications, and other relevant medical information. 	<ul style="list-style-type: none"> Camp Nurse provides form to MDTC at initial MDT MDTC adds to Model File at MDT 	Camp Admission
LACOE	INITIAL INDIVIDUAL LEARNING PLAN (I-ILP)	Model File, EPIC	<ul style="list-style-type: none"> Recommendations and interventions based on the youth's academic level, special education needs, and credits earned. 	<ul style="list-style-type: none"> Academic Counselor provides to MDTC at MDT MDTC adds to Model File at MDT 	At MDT
	STUDENT BEHAVIOR REPORT	Model File, EPIC	<ul style="list-style-type: none"> Documents the youth's school behavioral issues. 	<ul style="list-style-type: none"> ATC provides to MDTC MDTC adds to Model File 	As needed

4. Transition Multi-Disciplinary Team (Transition MDT) Forms

Dept.	Form Name	Form Location	Purpose	Process	Completion Timeframe
Probation	TRANSITION MDT MEETING MINUTES (Aftercare Plan)	Model File	<ul style="list-style-type: none"> Treatment recommendations & other programs to address the youth's needs upon Camp Release. 	<ul style="list-style-type: none"> ATC provides to MDTC, as needed MDTC adds to Model File 	At Transition MDT
	DISCHARGE SERVICES PLANNING FORM	Model File	<ul style="list-style-type: none"> Treatment recommendations for health, mental health and substance abuse services to address the youth's needs upon Camp Release. 	<ul style="list-style-type: none"> Camp DPO obtains information & completes form MDTC adds to Model File 	30-days prior to release
DMH	DMH MDT FORM (Transition)	Model File, PEMRS	<ul style="list-style-type: none"> Updated mental health assessment and treatment recommendations used to develop the youth's Aftercare Case Plan. 	<ul style="list-style-type: none"> Camp Clinician provides form at MDT - any revisions will be provided within 3-5 days (depending on staff schedule). MDTC adds to Model File 	At Transition MDT (youth with open MH cases)
DHS	AFTERCARE HEALTH SERVICES REQUEST	Model File, PEMRS	<ul style="list-style-type: none"> Parent/Caregiver request for a local clinic referral. 	<ul style="list-style-type: none"> MDTC provides "Accepted" requests to Camp Nurse (after Transition MDT) MDTC adds "Refused" requests to Model File 	At Transition MDT
	AFTERCARE HEALTH SERVICES REFERRAL	Model File, PEMRS	<ul style="list-style-type: none"> Parent/Caregiver referral to a DHS or local clinic. 	<ul style="list-style-type: none"> Camp Nurse provides "Referrals" to MDTC within 5 business days of "Accepted" request date MDTC adds to Model File 	At Transition MDT
LACOE	TRANSITION INDIVIDUAL LEARNING PLAN (T-ILP)	Model File, EPIC	<ul style="list-style-type: none"> Updated recommendations & interventions based on the youth's academic level, special ed. needs, and credits earned. 	<ul style="list-style-type: none"> Transition Counselor provides to MDTC at Transition MDT MDTC adds to Model File 	Within 45-60 days of Camp release

4a. Camp Release Forms

Dept.	Form Name	Form Location	Purpose	Process	Completion Timeframe
DHS	IMMUNIZATION RECORDS	Model File, PEMRS	<ul style="list-style-type: none"> Youth's vaccination history. 	<ul style="list-style-type: none"> Camp Nurse provides form to MDTC MDTC adds to Model File at camp release 	Camp Release
	MEDICAL DISCHARGE SUMMARY	Model File, PEMRS	<ul style="list-style-type: none"> Summary of the youth's general medical history. 	<ul style="list-style-type: none"> Camp Nurse provides form to MDTC MDTC adds to Model File at camp release 	Camp Release
LACOE	UPDATED TRANSCRIPT	Model File, EPIC	<ul style="list-style-type: none"> Summary of the youth's academic credits and grades. 	<ul style="list-style-type: none"> Transition Counselor provides to MDTC MDTC adds to Model File 	Camp Release

5. Aftercare Forms

Dept.	Form Name	Form Location	Purpose	Process	Completion Timeframe
Probation	UPDATED AFTERCARE CASE PLAN	Model File	<ul style="list-style-type: none"> Goals and interventions used to monitor the youth's progress upon Camp Release. 	<ul style="list-style-type: none"> Aftercare DPO adds to model file at Camp Release 	Within 72 hours of youth camp release
DMH	RECOMMENDATIONS and TREATMENT SUMMARY	Youth's MH case file	<ul style="list-style-type: none"> Assessment of the youth's mental health needs – determines suitability for Evidence-Based Programs. 	<ul style="list-style-type: none"> Aftercare Clinician provides form to Aftercare DPO/SDPO Aftercare DPO adds to model file 	30 days from camp release
	Authorization for Use and Disclosure	Youth's MH case file	<ul style="list-style-type: none"> Allows the youth's participation in mental health services. 	<ul style="list-style-type: none"> Aftercare Clinician provides form to Aftercare DPO/SDPO Aftercare DPO adds to model file 	After camp release

ATC – Academic/Transition Counselor
JHAC – Juvenile Hall Academic Counselor

BMP – Behavior Modification Program
JHN – Juvenile Hall Nurse

MDTC – MDT Coordinator

Probation Aftercare - Model File Checklist

1. Pre Multi-Disciplinary Assessment
LACOE
<input type="checkbox"/> Student Information Summary
<input type="checkbox"/> Parental Consent Form
DHS
<input type="checkbox"/> Authorization for Use and Disclosure
2. Multi-Disciplinary Assessment
PROBATION
<input type="checkbox"/> 16-Point Assessment
DHS
<input type="checkbox"/> Camp Clearance Report
LACOE
<input type="checkbox"/> Education Program Progress Report
3. Multi-Disciplinary Team
PROBATION
<input type="checkbox"/> MDT Meeting Minutes (Camp Plan)
<input type="checkbox"/> Pre-Release Home Evaluation
DMH
<input type="checkbox"/> DMH MDT Form (Initial)
DHS
<input type="checkbox"/> Camp New Admission Form
LACOE
<input type="checkbox"/> Initial Individual Learning Plan (I-ILP)
<input type="checkbox"/> Student Behavior Report (as needed)

4. Transition Multi-Disciplinary Team
PROBATION
<input type="checkbox"/> Transition MDT Meeting Minutes (Aftercare Plan)
<input type="checkbox"/> Discharge Services Planning Form
DMH
<input type="checkbox"/> DMH MDT Form (Transition)
DHS
<input type="checkbox"/> Aftercare Health Services Request
<input type="checkbox"/> Aftercare Health Services Referral
LACOE
<input type="checkbox"/> Transition Individual Learning Plan (T-ILP)
4a. Camp Release Documents
DHS
<input type="checkbox"/> Immunization Records
<input type="checkbox"/> Medical Discharge Summary
LACOE
<input type="checkbox"/> Updated Transcript
5. Aftercare
PROBATION
<input type="checkbox"/> Updated Aftercare Case Plan
DMH
<input type="checkbox"/> Recommendations and Treatment Summary
<input type="checkbox"/> Authorization for Use and Disclosure

Probation Aftercare Data Summary – (January, February and March -2015) -Revised

OVERVIEW OF PARTICIPANTS

In February 2015, a total of 1,142 youth participated in the County's Probation Aftercare Program. Of these youth, 710 were in camps and 535 had been released back into the community and assigned to the Camp Community Transition Program (CCTP). Central to the mission of the Probation Aftercare program are five goals:

- 1) Reducing rates of recidivism
- 2) Providing individualized case planning
- 3) Connecting youth to community-based services
- 4) Ongoing case management post-release
- 5) Increased family engagement

Source: Los Angeles County Probation Department

Chart 1: Aftercare Program Participants in February 2015 (n=1,142)

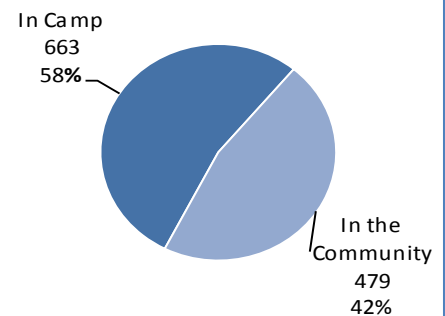


Table 1 and 2: Probation Aftercare Participants, Staffing, and Outcomes

Source: Los Angeles County Departments (Probation, DHS, DMH, DPSS, and LACOE)

Data Measure	JANUARY	FEBRUARY	MARCH
Number of youth detained in Camp Community Placement	680	663	747
Number of youth released from Camp Community Placement	95	66	101
Number of youth Released from CCP to Suitable Placement	11	5	9
Number of youth Home on Probation (HOP) ¹	502	479	453
Number of CCTP Aftercare staff	79	78	78
Average active caseload for CCTP Aftercare staff in the comm.	6.4	6.1	5.8

Data Extract: February 2015

DATA MEASURE	NUMBER	RATE	CHANGE*
Outcome I: Reducing Rates of Recidivism			
1. Number of HOP youth arrested and received a sustained subsequent petition within 30 days of camp release ²	1/51	2%	-4%
Outcome II: Individualized Case Planning - in Camp			
2. Number of youth receiving mental health services	596	90%	-5%
3. Number of youth receiving psychotropic medication(s)	172	29%	-1%
4. Number of youth referred to "Mental Health Aftercare Services"	49 ³	70%	-10%
5. Number of youth in camp treated for chronic health conditions	36	n/a	-
6. Number of youth referred to "Aftercare Health Services"	9	14%	+2%

Probation Aftercare Data Summary

DATA MEASURE	NUMBER	RATE	CHANGE*
7. Average number of high school credits earned by students while in a camp	7.5 ⁴	N/A	
8. Percentage of students earning at least 6 credits while in camp	67	100%	+13%
Outcome III: Connection of Youth to Services Post-Release			
9. Number of youth who received "Mental Health Aftercare Services" within 1 month of camp release ³	41 ⁵	84%	+4%
10. Number of youth who received "Aftercare Health Services" within 1 month of camp release.	7	78% ⁶	-10%
11. Number of youth with chronic health conditions who received "Aftercare Health Services" within 1 month of camp release	0 (0 of 4 released)	0%	-100%
12. Number of HOP youth enrolled in school within 48 hours of camp release	20/51	39%	-29%
13. Number of youth who returned to a Comprehensive School	33	44%	-32%
a. Alternative Education Program	40	53%	+33%
b. Adult School	7	18%	-48%
14. Number of youth with reinstated Medi-Cal benefits	106 ⁷	100%	Remains at 100%
15. Number of youth applying for new Medi-Cal benefits	Referred: 14 Applied: 3 ⁸	n/a	
Outcome IV: Ongoing Community Case Management			
16. Number of youth released from camp with a prescription for psychotropic medication	21	n/a	
17. Number of youth who earned a H.S. diploma or GED	9	100% ⁹	same
Outcome V: Increasing Family Engagement			
18. Number of Aftercare DPO home visits within 30 days of youth's camp entry	85/92	92% ¹⁰	4%

1- Number is reflective of HOP youth under CCTP supervision only. Does not reflect total number of HOP youth released from camp to other operations (i.e. IGSP)

2- Note this number is reflective of arrests that resulted in a petition filed; most petitions filed take longer than 30 days to sustain

3- Seventy (70) released from camp with open mental health cases. Forty (49) youth available to be linked to Mental Health Aftercare Services.

4- Based on the number of students that exited camp in the month of February

5- This includes JITAS, DMH Directly Operated, DMH contractors, Substance Abuse, WRAP, HRHN, etc.

6- Percentage calculated out of number of youth referred to Aftercare Health Services within 1 month of release

7- Youth released from camp at the end of the month are reinstated at the beginning of the following month.

8- Three (3) were eligible for new medi-cal. Others referred already have an open Medi-Cal case or private insurance from Pomona, San Gabriel Valley, Centinela and Firestone offices

9- Percentage calculated out of the number of eligible youth.

10-CCTP DPOs are allowed 30 days from the Camp Placement Notice date to complete camp and family visits.

* Percentage of change is calculated against data from the previous quarterly report.

September 17, 2015

Los Angeles County
Board of Supervisors

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

TO: Mayor Michael D. Antonovich
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

FROM: Mitchell H. Katz, M.D. 
Director

SUBJECT: **DHS EMPANELMENT AND MY HEALTH LA
ENROLLMENT**

On July 7, 2015, the Board of Supervisors requested that the Director of Health Services report back to the Board on:

1. the number of patients that remain to be empaneled and the timeline for empanelment as part of the Department of Health Services' Medi-Cal Managed Care Plan and
2. the percentage of people enrolled in the My Health LA program in unincorporated East Los Angeles; and existing barriers relating to My Health LA program enrollment and a process to expedite and increase enrollment.

EMPANELMENT

There are two processes involved in empanelment. The first, *periodic empanelment*, is the process by which health plan assigned patients are linked to a specific Department of Health Services (DHS) provider or primary care clinic. This is done by Managed Care Services on a daily basis (Monday-Friday). Every DHS managed care patient is empaneled. As of August 2015, there were over 360,000 insured managed care patients empaneled to a DHS provider or primary care clinic. Of those, 89% were Medi-Cal managed care beneficiaries and 11% are in the managed care health insurance program for In-Home Supportive Services workers.

The second process *prospective empanelment*, is the process by which non-health plan patients (generally, the uninsured) are linked to a specific DHS provider. The mechanism for prospective empanelment is via the New Empanelment Request Form (NERF), an electronic workflow solution accessible via the DHS intranet. From January 1, 2015 through August 28, 2015, nearly 21,000 NERFs were submitted. The goal is to process NERFs within 30 days. Processing a NERF is based on the following workflow:

- DHS first tries to accommodate the patient in their requested facility.
- If DHS is unable to do so, then the NERF is routed to the Empanelment Management Unit (EMU) to attempt placement at other County sites.
- If the EMU cannot find a medical home within DHS, then the NERF is routed to the DHS Appointment Scheduling Center to try to link the patient with a Community Partner.

As of early September 2015, there are only 15 NERFs (0.07% of total 21,000 submitted) that had not been processed within 30 days and of those four had not

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been completed within 60 days (DHS is targeting all of these for completion). All other NERFs submitted have been completed, or are in process less than 30 days. DHS is in the process of rolling out the next generation of the NERF system which will provide more flexibility and better usability. We have successfully linked the empanelment database with ORCHID to ensure that providers know who the responsible primary care provider is for each empaneled patient to promote continuity of care.

MY HEALTH LA

My Health LA (MHLA) officially launched on October 1, 2014. In terms of enrollment, as of August 31, 2015, 11 months into the program, over 131,000 individuals are enrolled in MHLA – 90% of the maximum 146,000 enrollment. Aggregate demographic data on MHLA participants is reported monthly and available on the MHLA webpage. This includes geographic distribution across supervisorial districts and service planning areas using zip code data provided by MHLA applicants. As of August 31, 2015, Supervisorial District 1 (incorporated and unincorporated areas) comprised 27% (35,462) of all MHLA participants.

It's important to note that zip codes do not have confined boundaries and cross supervisorial districts, service planning areas, cities, incorporated/unincorporated areas, etc. Based upon a DHS analysis of June 2015 enrollment data and the limitations noted with respect to the porous nature of zip codes, 4% (5,347) of all MHLA participants reside in zip codes that cover unincorporated areas of District 1. This was derived from a map which indicates incorporated and unincorporated areas, and from calculations for addresses that could be geocoded. See attached.

DHS has worked collaboratively with Community Clinic Association of Los Angeles County (CCALAC) and MHLA clinics on opportunities to enhance enrollment strategies and is interested in maximizing program enrollment. For example, the MHLA Waiver Application Form permits enrollment at community-based events. This application process gives community clinics the flexibility to enroll outside of the medical home. To date, DHS has approved all requests submitted by clinics to enroll at community events.

DHS will be proposing for Board consideration amendments to the MHLA Agreement that will:

- allow MHLA clinics to conduct MHLA enrollment in administrative sites,
- expand the definition of a MHLA medical home so that mobile van sites can serve as medical homes and MHLA enrollment sites and
- enable satellite clinics that operate part-time to be medical homes and MHLA enrollment sites.

These proposed changes will allow for more enrollment locations and have been reviewed by and agreed upon by CCALAC. In addition, other proposed amendments include, but are not limited to:

- providing flexibility in dental allocations provided to clinics and adding payable dental codes
- preparing for the exclusion of those aged 0 – 18 from MHLA timed with the implementation of Senate Bill 75 and
- making changes to MHLA Pharmacy Phase II consistent with use of clinic dispensaries and retention of a Pharmacy Services Administrator.

DHS anticipates the amendments will be discussed at the Health and Mental Health Cluster in October 2015 and brought to the Board for a vote in November 2015.

MHK:tb

Attachment

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors